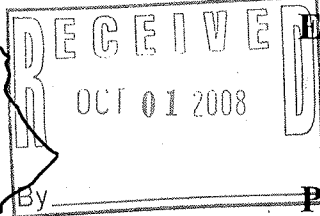
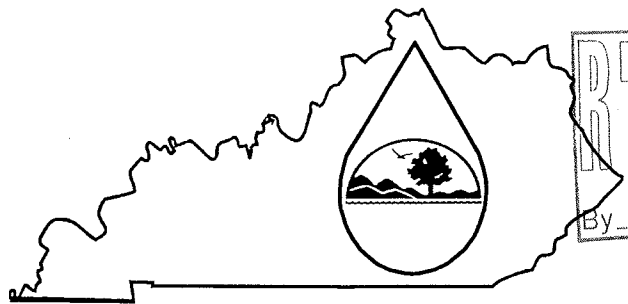


KPDES FORM 1

A7 35399

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE		0	0	2	3	8	8	4
A. Name of business, municipality, company, etc. requesting permit		MARSHALL CO. BOARD OF EDUCATION								
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.								
Facility Location Name:		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>								
JONATHAN ELEM. SCHOOL		DANNY E. DAVIS, DIRECTOR OF FACILITIES								
Facility Location Address (i.e. street, road, etc., not PO Box):		Mailing Address:								
9207 US Hwy 68 EAST		86 HIGH SCHOOL RD								
Facility Location City, State, Zip Code:		Mailing City, State, Zip Code:								
BENTON, KY 42025		BENTON, KY 42025								
		Facility Contact Telephone Number:								
		(270) 527-7102								

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc:			
PUBLIC SCHOOLS			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	SANITARY WASTE WATER		
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located:	City where facility is located (if applicable):
MARSHALL COUNTY	FARROWVILLE
C. Body of water receiving discharge:	
MAPLE SPRING BRANCH (MILE 1.9)	
D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
36° 50' 45"	88° 13' 15"
E. Method used to obtain latitude & longitude (see instructions):	
MAP COORDINATES	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

RONNIE NORWOOD

Telephone Number:

(270) 527-7102

Operator Mailing Address (Street):

86 HIGH SCHOOL RD C/O M.C. BOE

Operator Mailing Address (City, State, Zip Code):

BENTON, KY 42025

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

I

Certification Number:

16014

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY 0023884

Issue Date of Current Permit:

JANUARY 1, 2006

Expiration Date of Current Permit:

MARCH 31, 2009

Number of Times Permit Reissued:

Date of Original Permit Issuance:

12-1-2000

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

DANNY E. DAVIS

DMR Official Telephone Number:

(270) 527-7102

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

McCoy AND McCoy LABORATORIES, INC.

DMR Mailing Address:

P.O. Box 907

DMR Mailing City, State, Zip Code:

MADISONVILLE, KY 42431

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

N/A

Filing Fee Enclosed:

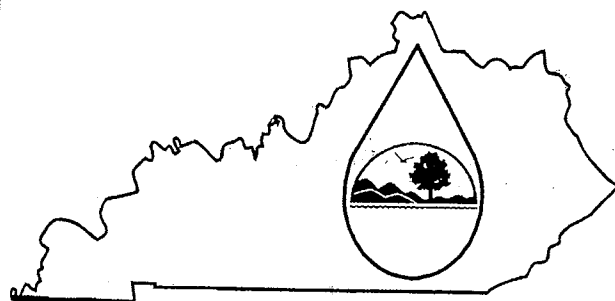
N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):		TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>TRENT LOVETT, SUPERINTENDENT</i>		<i>(270) 527-8628</i>
SIGNATURE		DATE:
<i>Trent Lovett</i>		<i>9/29/08</i>

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: JONATHAN ELEMENTARY SCHOOL										
I. FACILITY DISCHARGE FREQUENCY					AGENCY USE					
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)										
B. How many days per week? 7										
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 210 STUDENTS										
B. If new discharger, indicate anticipated discharge date:										
C. Indicate the design capacity of the treatment system: 0.0048 MGD										

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36°	50'	45"	88°	13'	15"	MADE SPRING BRANCH (MILE 1.9)

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	MAP COORDINATES
---	------------------------

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary Wastewater	0.0005 MGD	Physical Treatment	10
				1U
			Chemical Treatment	2F
			Biological Treatment	3A
			Solids Treatment	5H
		(Design) 0.0048	(NO STORM WATER INFLUENT)	

RETENTION TIME 8.7 DAYS

V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake: NA
☐ Publicly-owned treatment works (POTW). Name of POTW: NA
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

NONE

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
<i>JONATHAN ELEMENTARY SCHOOL</i>	<i>210</i>
TOTAL POPULATION SERVED	<i>210</i>

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅ CBOD	5	5	1
TOTAL SUSPENDED SOLIDS	111	111	1
FECAL COLIFORM	>600	>600	1
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND	NOT ANALYZED - REQUEST WAIVER		
TOTAL ORGANIC CARBON			
AMMONIA	3.8	3.8	1
WATER USAGE DISCHARGE FLOW Bell			TOTAL: 38,200
PH	3.81	3.81	1
TEMPERATURE (WINTER)	NOT ANALYZED - REQUEST WAIVER		
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

TOTAL GALLONS FROM WATER BELL (MONTHLY)

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Trent Lovett, Superintendant

SIGNATURE

Trent Lovett

TELEPHONE NUMBER (area code and number):

(270) 527-8628

DATE

9/29/08

**McCoy & McCoy Laboratories, Inc.**

P. O. Box 907

Madisonville, KY 42431

www.mccoylabs.com



Lexington KY

859-299-7775

Madisonville KY

270-821-7375

Paducah KY

270-444-6547

Pikeville KY

606-432-3104

T.Tapp-Bowles@mccoylabs.com

Marshall Co Board of Education

Attn: Danny Davis

Jonathan Elementary

86 High School Rd

Benton KY 42025

Batch #: 08081298

Received: 08/13/2008

Reported: 08/21/2008

Client: MA2920

Page: 1 of 2

Analysis Report

Copy

AG15478 001 Effluent KY0023884 Collected: 8/13/2008

Jonathan

Test Description	Analyzed	By	Method	Result	Units	Report Limit	Note
pH (Field)	08/13/2008	JPM	EPA 150.1	3.81	STD		<
Time of Analysis, pH (Field)	08/13/2008	JPM	EPA 150.1	1145	hr/min		
Dissolved Oxygen (field)	08/13/2008	JPM	EPA 360.1	3.1	mg/l	0.5	<
Time of Analysis, Dissolved Oxygen (fld)	08/13/2008	JPM	EPA 360.1	1145	hr/min		
Flow Reading (Client)	08/13/2008	CLT	n/a	NDP	MGD		
Tot. Suspended Solids Pad	08/15/2008	JTW	SM 2540 D*	111	mg/l	1	>
Ammonia as N by electrode Pad	08/18/2008	JTW	SM 4500 NH3	3.8	mg/l	1.0	
Carbonaceous BOD Pad	08/14/2008	JTW	SM 5210 B*	5	mg/l	2	
Fecal Coliform, (MF)	08/13/2008	JPM	SM 9222 D*	>600	#/100 mls	10	>
Time of Analysis, Fecal	08/13/2008	JPM	SM 9222 D*	1405	hr/min		

AG15479 001 Effluent KY0023892 Collected: 8/13/2008

Sharpe

Test Description	Analyzed	By	Method	Result	Units	Report Limit	Note
pH (Field)	08/13/2008	JPM	EPA 150.1	7.6	STD		
Time of Analysis, pH (Field)	08/13/2008	JPM	EPA 150.1	1240	hr/min		
Dissolved Oxygen (field)	08/13/2008	JPM	EPA 360.1	3.2	mg/l	0.5	<
Time of Analysis, Dissolved Oxygen (fld)	08/13/2008	JPM	EPA 360.1	1240	hr/min		
Flow Reading (Client)	08/13/2008	CLT	n/a	NDP	MGD		
Tot. Suspended Solids Pad	08/15/2008	JTW	SM 2540 D*	50	mg/l	1	
Ammonia as N by electrode Pad	08/18/2008	JTW	SM 4500 NH3	23	mg/l	1.0	
Carbonaceous BOD Pad	08/14/2008	JTW	SM 5210 B*	28	mg/l	2	>
Fecal Coliform, (MF)	08/13/2008	JPM	SM 9222 D*	>600	#/100 mls	10	>
Time of Analysis, Fecal	08/13/2008	JPM	SM 9222 D*	1410	hr/min		

TOPO Map - Jonathan Elementary

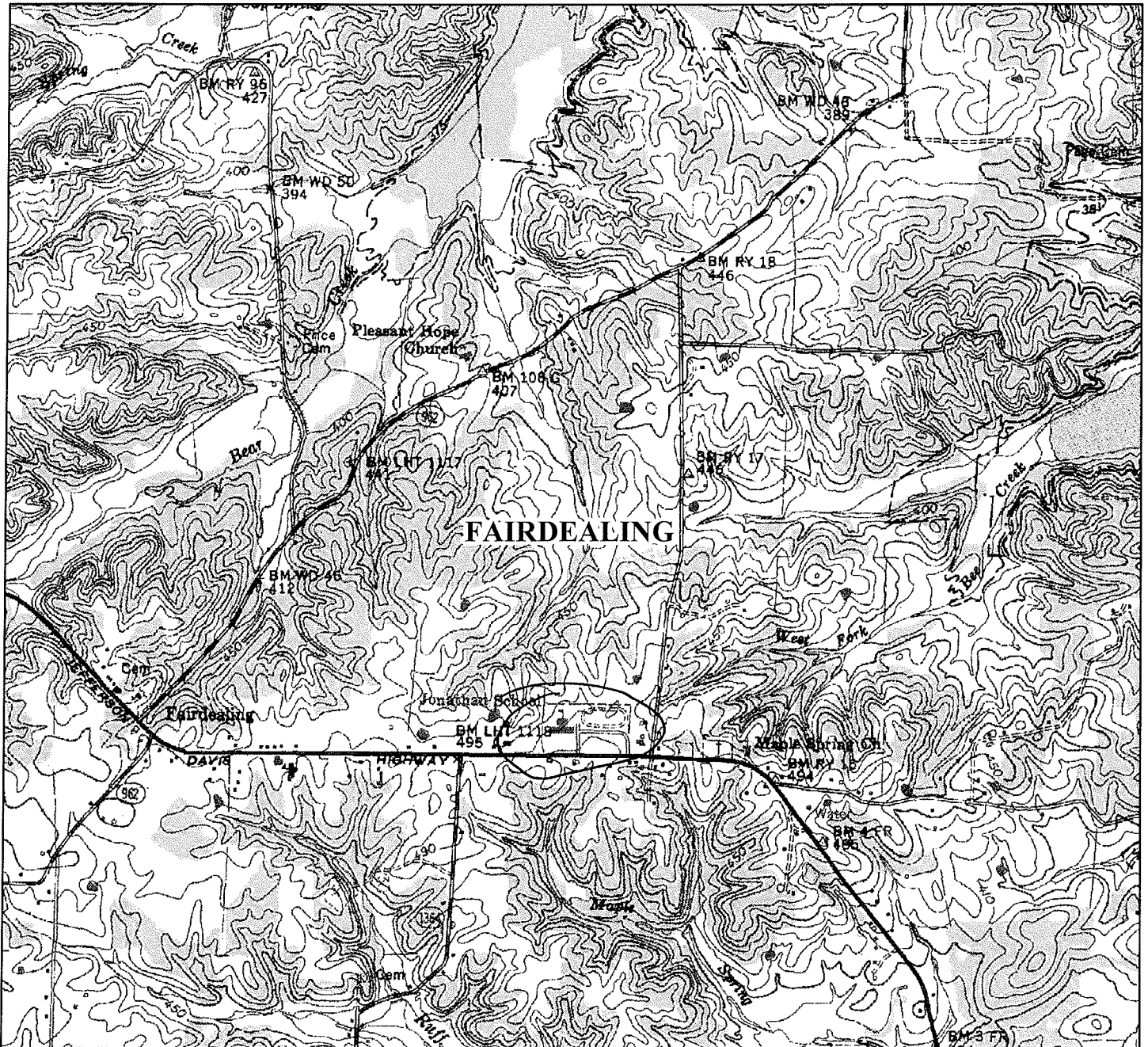
Date: 9/23/2008

Field Office: BENTON SERVICE CENTER

Agency: USDA-NRCS

Assisted By: Angle, Dianna S

District: BENTON SOIL & WATER CONSERVATION DISTRICT



Legend

Consplan_MCHS

Marshall County Boundary

Topo_Quad_Name_ky157



1,100 0 1,100 2,200 3,300 4,400 Feet



TOPO Map - Jonathan Elementary

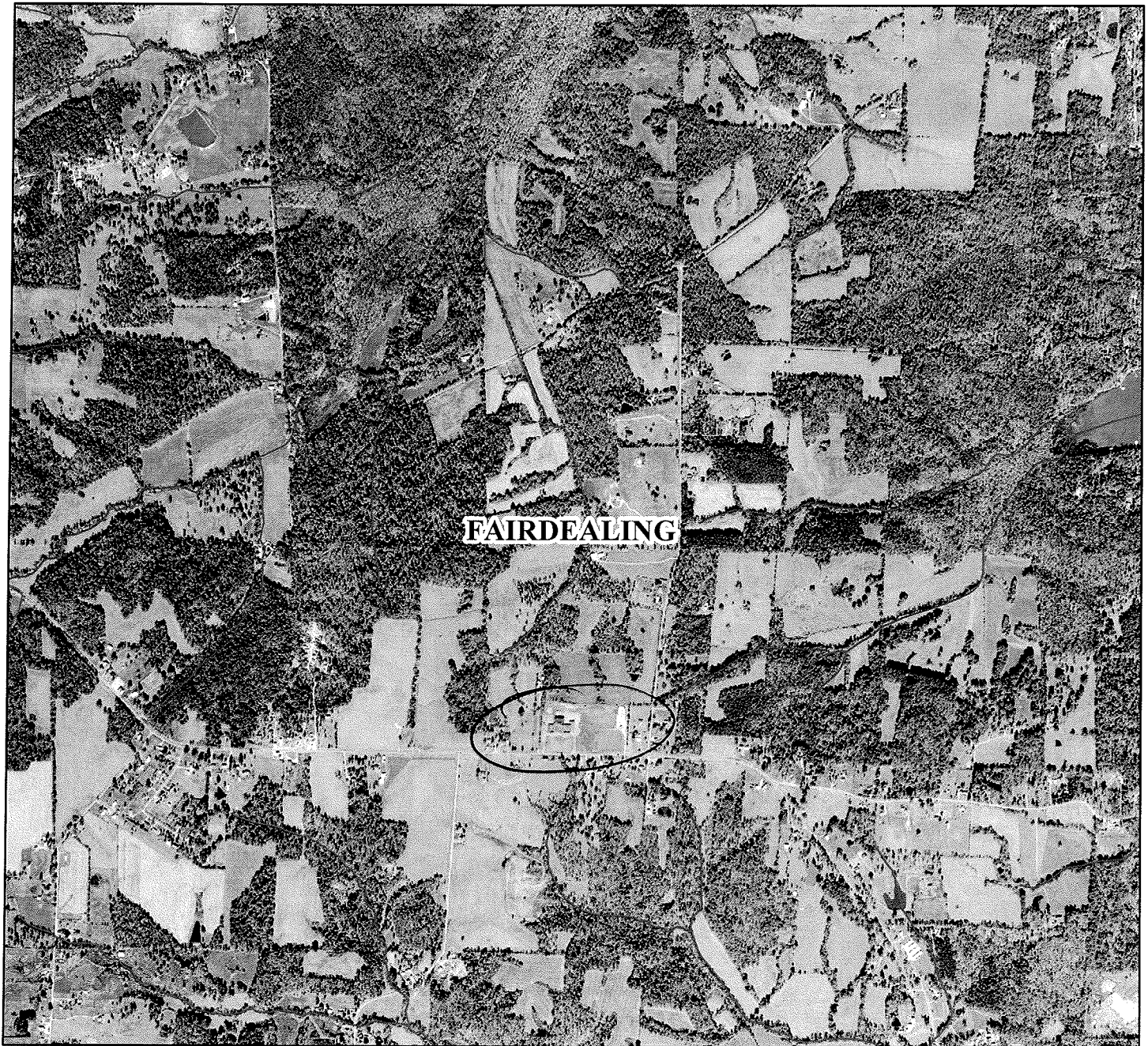
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Field Office: BENTON SERVICE CENTER

Agency: USDA-NRCS

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District: BENTON SOIL & WATER CONSERVATION DISTRICT




Legend

Consplan_MCHS

 Marshall County Boundary

 Streams_ky157

 Topo_Quad_Name_ky157



1,100 0 1,100 2,200 3,300 4,400
Feet

